

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: SCREENING TECHNIQUES FOR
MANAGEMENT OF A NERVOUS SYSTEM
DISORDER

Attorney Docket Number:: 11738.00149

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 20

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 4005 W. 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 2513 Via Linda Drive
City of mailing address:: Lawrence
State or Province of mailing address:: KS
Country of mailing address:: US

Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Naresh

Middle Name:: C.

Family Name:: Bhavaraju

Name Suffix::

City of Residence:: Lawrence

State or Province of Residence:: KS

Country of Residence:: US

Street of mailing address:: 4700 W. 27th Street
LL5

City of mailing address:: Lawrence

State or Province of mailing address:: KS

Country of mailing address:: US

Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: E.

Family Name:: Peters

Name Suffix::

City of Residence:: Lawrence

State or Province of Residence:: KS

Country of Residence:: US

Street of mailing address:: 1300 Rhode Island Street

City of mailing address:: Lawrence

State or Province of mailing address:: KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 66044

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nina
Middle Name:: M.
Family Name:: Graves
Name Suffix::
City of Residence:: Minnetonka
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 4312 Ridge Court
City of mailing address:: Minnetonka
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Middle Name:: F.
Family Name:: Schaffner
Name Suffix::
City of Residence:: Austin
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 10602 Showboat Cove

City of mailing address:: Austin
State or Province of mailing address:: TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: 78730

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CA
Status:: Full Capacity
Given Name:: Jonathon
Middle Name:: E.
Family Name:: Giftakis
Name Suffix::

City of Residence:: Brooklyn Park
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 3701 78th Avenue N

City of mailing address:: Brooklyn Park
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: T.
Family Name:: Rise
Name Suffix::
City of Residence:: Monticello

State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 7745 Aetna Avenue, NE
City of mailing address:: Monticello
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name:: C.
Family Name:: Werder
Name Suffix::
City of Residence:: Corcoran
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 23160 Meadowview Drive
City of mailing address:: Corcoran
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55374

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,963	09/19/03
This Application	Non-Provisional of	60/418,476	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway, NE
MS-LC340
City of mailing address:: Mineapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55432